REMARKS

1. The application was originally filed with Claims 1-44, of which Claims 31-44 have been withdrawn pursuant to a restriction and Claim 12 has been cancelled. Claims 1-11, 13-30 and 45 are pending in the application. Claims 1-10, 13-30 and 45 are rejected under 35 U.S.C. § 102(e) as anticipated by U.S. Pat. Appl. Publ. 2005/0245897 to Lee Bolduc et al. ("Bolduc"). Claim 11 is rejected as unpatentable in view of Bolduc in view of U.S. Pat. Appl. Publ. 2004/0199110 to Michael Basta ("Basta"). No claims have been amended in this response.

2. Examiner Witczak is thanked for the courtesy in granting a telephonic interview with the undersigned. The interview was conducted on August 21, 2008. Claim 1 was discussed with respect to the limitations of the claim and the reference, Bolduc. After some discussion, the undersigned and Examiner Witczak agreed on the meaning of several of the claim terms. However, agreement was not reached on the claims.

3. Claims 1-10, 13-30 and 45 are rejected, as stated, as anticipated by U.S. Pat. Appl. Publ. 2005/0245897 to Bolduc ("Bolduc"). The rejection states that Bolduc teaches the limitations of the claims in Bolduc Figs. 1, 7 and 11. Applicants traverse the rejections. The arguments made in the Amendment filed on March 10, 2008, remain in effect and are incorporated herein by reference. The following remarks for Claim 1 are meant as a further explanation for the allowability of Claim 1, and also for independent Claims 16 and 23.

Claim 1

Independent Claim 1 of the present application recites a catheter having first and second ends, and an insert filling a majority of an interior space defined by the catheter. As shown in Fig. 1 of the present application, in one embodiment, the catheter (the outer portion) comprises a first plurality of side apertures on the intraperitoneal (inside) end, depicted on the right end of catheter 10. Insert 30 includes a second plurality of side apertures 40 on the extraperitoneal (outside) end, depicted on a left-hand portion of insert 30. In Fig. 1, the left-hand side of the catheter 10 and the insert 30 are consistent with their use, i.e., the left hand side depicts the extraperitoneal portion, while the right hand side depicts the intraperitonal portion. This placement of the apertures is designed so that, as seen in Fig. 1 and as explained in paragraph [0052], at least a portion of apertures 28 of the catheter 10 reside along the bottom of the patient's peritoneal cavity.

Bolduc does not teach or suggest extraperitoneal apertures

Bolduc Fig. 2 is useful in discussing the rejection and why Bolduc does not anticipate Claim 1. As best seen in Fig. 2, the sheath 60 cited in the rejection has side apertures 64 on the right side, as does inner tube 22, with side apertures 90 on its right side, and as does outer tube 30 with apertures 80 on its right side. Thus, in Bolduc Fig. 2, all side apertures are near the right end, i.e., the end nearer the patient and farther away from the doctor or other health care professional, as verified in Fig. 7 of Bolduc. None of the apertures are on the left portion, i.e., the portion that would act as the external or extraperitoneal end. Bolduc does not teach or suggest claims of the present application, because in Bolduc all apertures in the several catheters, sheaths or tubes reside on intraperitoneal portion, and none are near the extraperitoneal portion. Thus, Bolduc teaches the opposite of the Claim 1 and cannot anticipate Claim 1.

In addition, Bolduc's outer sheath 60 cannot anticipate the catheter of Claim 1. Outer sheath 60 is described in Bolduc as an outer sheath used to percutaneously access vasculature of a patient at the introductory site, e.g., a femoral artery. Paragraph [0076], lines 9-12; see also paragraph [0082], stating that the sheath is only used to achieve vascular access, after which the guiding catheter is used. As further seen in Figs. 2 and 7, outer sheath 60 does not extend to the distal portion of the access, which is achieved by guide catheter 50 and catheter 22. Thus, the apertures of catheter 60 do not extend sufficiently so that "the catheter comprises a first plurality of side apertures on the intraperitoneal end of the insert," because the outer sheath 60 is used only for a very limited vasculature access, not to guide catheter 22 to the distal portion of the vasculature where the obstruction exists. See also Bolduc Fig. 8, in which catheter 22 and distal end or tip 26 has extended to the blood vessel occlusion with outer portion side apertures 80, and inner portion side apertures 90. See also text at paragraph [0082] for Fig. 8.

Figs. 10-11 of Bolduc depict the distal or internal end of perfusion conduits, and the figures do not depict the proximal or external portions. See paragraphs [0044]-[0045] and [0085]-[0086]. Even considering Figs. 10-11 of Bolduc, inner tube 202 or 302 has side apertures 206, 314, only on the right side, still intraperitoneal, while outer tube 204, 304 also has side apertures on the only portion shown, the right side, which would still be intraperitoneal. See also Bolduc Figs. 8 and 9, which also depict only intraperitoneal or distal apertures, 90 or unnumbered. These arguments apply with equal force to independent Claims 16 and 23.

Bolduc does not teach a snug fit between the catheter and the insert

The present application describes a snug fit in paragraph [0050] as filed. A snug fit, in one embodiment, is a clearance of about one tenth of a millimeter on each side between the inner diameter of the catheter and the outer diameter of the elongated tube or insert. The larger diameter portion of the tube or insert has a diameter about equal to that of the catheter, making a tight press fit in that portion only. Bolduc Fig. 2 depicts a guide catheter 50 that fits in the space between Bolduc's sheath 60 and the catheter 22. Because the guide catheter occupies this space, there can be no "snug fit" between interior surface of the catheter and the exterior of the insert. There can be no snug fit because the inner surface of Bolduc's guide sheath can only fit against the guide catheter 50; the outer surface of Bolduc's catheter 22 can only fit against the guide catheter 50. Thus, Claim 1 is also allowable because Bolduc does not teach or suggest this limitation. This also holds for independent Claims 16 and 23.

The arguments for Claim 1 apply equally to Claims 16 and 23 and with the same effect, that Bolduc does not teach or suggest a snug fit or at least the second plurality of apertures formed near the extraperitoneal end (in Claim 16) or the portion near the extraperitoneal end having an increased diameter and a plurality of side apertures (in Claim 23). Dependent Claims 2-10, 13-15, 17-22, 24-30 and 45 are allowable at least because they depend from allowable Claims 1, 16 and 23.

4. Claim 11 is rejected as unpatentable in view of Bolduc in view of U.S. Pat. Appl. Publ. 2004/0199110 to Michael Basta ("Basta"). Claims 11 and 21, reciting a cuff, are allowable at least because they depend from allowable Claims 1 and 16.

5. Applicants submit the claims are allowable and respectfully request the Examiner to reconsider the rejections and to allow the claims of the application. The Commissioner is hereby authorized to charge deposit account 02-1818 for any fees which are due and owing.

Respectfully submitted,

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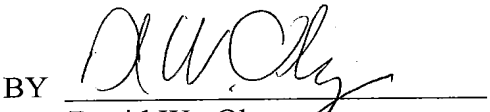
BY 

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